Type of Inspection					
New					
Annual 🛣					
Follow-Up					
(Prev. Inspection Date)					
Complaint □					
Courtesy					
Random					

AW-2 Rev. 1/07

White= Office

CDA&CS, VETERINARY DIVISIONAL MAIMAL WELFARE SECTION 1030 MAIL SERVICE CENTER, RALEIGH, NC 27699-1030 PHONE: 919/715-7111, FAX: 919/733-6431

INDOOR

OUTDOOR

BOTH

Owner/Authorized Agent's Signature

Pink= Owner

ANIMAL WELFARE INSPECTION

GPS Coordina	ites - N: 35.6	7 5 9 0 W:	78.3	5950	
LICENSE #: 10637 TYPE FACILITY: Animal: BUSINESS NAME: OWNER: FL ADDRESS: 12635 TELEPHONE: (919) 35 VMO HUNTER COUNTY JOHNSTO	Adorybull Gro ANSINE Schroder BUFFALO Rd 19-1548	one Roard	- M.P. (1997)		
Number of Primary Enclosu	res/ 🖔	Animals Present: Dogs	0	Cats	
	Circle ea	X" in each box, if adequance item number, if inade if not applicable			
STRUCTURE	SANITATION		SPEC	SPECIAL ITEMS	
Housing Facilities 1. Structure & Repair 2. Ventilation & Temp. 3. Lighting 4. Ceiling, Wall, Floors 5. Storage 6. Water Drainage	12. 13. 14. 15. 16. 17.	Waste Disposal Odor Ceiling, Wall, Floors Primary Enclosures Equipment & Supplies Washrooms, Sinks, Basins Insect/Vermin Control Building & Grounds	√25. ≠26.	Description of Animals Records/Vet Treatment Origin/Disposition Signature (boarding kennel)	
Primary Enclosures 7. Structure & Repair 8. Space 9. Ventilation & Temp. 10. Adequate Shelter	★ 19. ★ 20. ★ 21. ★ 22.	Adequate Feed/Water Food Storage Personnel Ratio of 1:10 personnel to animals if >4 in primary enclosure or common area	<u>Veter</u>	Care in Transit Discussed inary Care Isolation Facility No Signs of Illness/	
∦ APPROVED □ CO	23. NDITIONALLY APPR	Animals' Appearance OVED DISAPPROVE	D , p	Treated ate: 8/25/0 Time: 8:5000	

Canary= Inspector

PAGE / OF /